

Kelly (H. A.)
also RUBESKA (W.)

A CRITICISM

ON

Prof. Howard A. Kelly and his Discoveries

IN THE

Domain of Urinary Diseases.

BY

W. RUBESKA, M.D.,
PRAGUE.

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My Work on the Diseases

OF THE

URINARY TRACT IN WOMEN.

BEING A REPLY TO THE ABOVE,

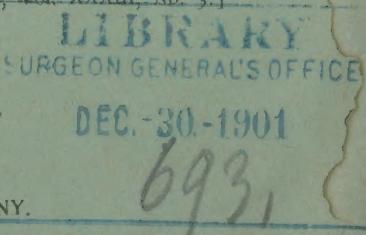
BY

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A CRITICISM ON PROFESSOR HOWARD A. KELLY AND HIS
DISCOVERIES IN THE DOMAIN OF URINARY DISEASES.

BY

W. RUBESKA, M.D.,

Professor at the School for Midwives in Prague.

WHEN in the year 1888 Prof. Howard A. Kelly, of Baltimore, visited Europe, he came also to Prague and there visited the clinic of Prof. Pawlik, in which at that time I served as assistant. Prof. Kelly was especially interested in the catheterization of the ureters in the female, for which, as is well known, the first simple and practical method is the invention of Prof. Pawlik, introduced by him in Prague in 1887 and described in *Langenbeck's Archiv*, Band xxxiii., Heft 3.

With his customary courtesy, and in the presence of a number of physicians, Prof. Pawlik demonstrated his method on several patients, and showed Prof. Kelly his different metallic and elastic ureteral catheters, made by Leiter of Vienna. Pawlik also explained to Prof. Kelly his new and then unpublished method of inspection of the female bladder.

In the year 1889, Kelly was again a guest at Pawlik's clinic, and he then became acquainted with the endoscopy of the female bladder as practised at that clinic. This method consisted in a dilatation of the urethra; emptying of the bladder; refilling and distention of this organ with air, accomplished by placing the woman in the knee-elbow position; then the bladder can be inspected through the urethral speculum, illuminated by direct solar rays or by light thrown into the bladder with a forehead reflector. In case anesthesia was desired the patient was fastened to the Bozeman table. This method was brought by Pawlik from Vienna to Prague in the year 1887. At first he used the ordinary hard-rubber urethral speculum of Simon; later he substituted metallic instruments, and to facilitate their manipulation a large wooden handle was added. During 1888-1889 Pawlik endeavored to photograph the interior of the bladder, but the results obtained were not to his satisfaction. As

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the solar light was sometimes insufficient to illuminate the bladder, an incandescent lamp was used, introduced by a long handle into the interior of the bladder. This method sufficed for ordinary inspection, but was impracticable if manipulations in the bladder became necessary, because one hand had to hold the speculum while the other was engaged in handling the illuminating light. To free one hand Pawlik combined the speculum and incandescent lamp in one, and, to prevent the instrument from becoming heated, a cooling apparatus was added. Thus originated Pawlik's endoscope for the female bladder, or the cystoscope, which he demonstrated in April, 1894, at the International Congress in Rome and illustrated and described in the *Centralblatt für Gynäkologie*, May 5th, 1894. In these places Pawlik explained how the original idea came to him ten years ago and the various steps of development; he also showed his instruments in their various stages of evolution. By the aid of the cystoscope Pawlik has inspected bladders, diagnosing polypi, papillomata, carcinomata, abscesses, inflammatory processes, diverticula, also the rupture of a dermoid cyst of the ovary into the bladder; and healthy as well as diseased ureters were catheterized under the guidance of the eye.

I will briefly describe some of the cases which I personally observed, and I shall first relate the case of total extirpation of the bladder which Pawlik exhibited at the International Congress in Berlin in 1890:

CASE I.—Catherine B., æt. 56; entered the clinic June 16th, 1888. She stated that two years ago for eight weeks, and again during the last five months, she constantly had passed bloody urine. After dilatation of the urethra the exploring finger discovered on the posterior wall and fundus of bladder a pedunculated polypus about the size of a large almond. With the aid of Pawlik's endoscope the polypus could clearly be seen. It was of a bright-red color. For its removal, July 3d, 1888, the septum vesico-vaginale was divided in the median line; next the wall of the bladder was everted through this opening, and the polypus, with a wedge-shaped piece of tissue, was excised by the Paquelin cautery. The resulting vesico-vaginal fistula was closed and the patient made a rapid recovery. A year later the woman returned with the statement that she had remained in good health for nine months, but that for three months she had again urinated blood. Through the Pawlik endoscope it could

be seen that the bladder, and especially the fundus, was the seat of numerous broad-based papillomata; one, about the size of a pea, surrounded the internal orifice of the urethra. It was then decided to extirpate the whole bladder. As a preliminary step, on August 3d, 1889, the ureters were transplanted into the vagina. After their union and proper functionating was assured the bladder was isolated from vagina and abdominal walls and divided transversely at the urethral junction. Next the anterior margin of the urethral wound was united to the upper segment of the anterior vaginal wall, while the posterior wall of the vagina, after denudation, was sutured to the posterior division of the urethral incision, thus forming an *occlusio vaginæ transversa*. The latter did not unite, and in the anterior portion of the wound a fistula formed which extended behind the symphysis pubis; this fistula closed eight months later. To accomplish colpocleisis three other operations were needed, but on July 18th, 1890, there remained only a small fistula posteriorly to the urethra, which also finally closed. The patient could control the urine, and at the end of 1895 she continued to be in good health.

CASE II.—Antonie K., æt. 59; entered June 26th, 1888. For two and a half years had had frequent desire to urinate; during the last seven months severe abdominal pain and bloody urine. The woman was of small stature, pale, emaciated, and presented extensive pulmonary disease. The internal genitals were atrophic, vagina short and narrow, the retroverted uterus involuted. Both ureters and ligamentum interuretericum thickened and sensitive. The urine is turbid, contains albumin, and in the sediment are found abundant pus corpuscles, red blood cells, and bladder epithelium.

June 28th, 1888, dilatation of the urethra. A palpation of the bladder showed that the organ was contracted, its mucous coat thrown into numerous folds, and its surface roughened. Next the Simon urethral speculum was introduced and the patient placed in the knee-elbow position. This immediately distended the bladder with air, and, after illumination with the forehead reflector, its interior could be inspected. It could then be seen that the mucous membrane upon the summit of the folds was intensely reddened and puffed; here and there small ulcerations, probably of tubercular origin, were found.

The patient left the clinic July 7th, 1888, unimproved.

CASE III.—Anna H., æt. 29. Six normal deliveries, last one ten months ago. During her last pregnancy and puerperium she had frequent desire to urinate. Later there was added pain and burning during urination. For four months urine has been turbid and for the last two months bloody, at times containing blood coagula. The apices of both lungs are infiltrated, the respiratory sounds are indistinct. Vagina wide and smooth. The ligamentum interuretericum and the right ureter thickened to the size of a goose quill, and sensitive. Left ureter of normal size, not sensitive to pressure. The urine is turbid and contains blood coagula. On the right side, extending from below the costal arch to the umbilicus, an ovoid tumor is found which can be traced toward the kidney.

November 7th, 1889, dilatation of the urethra and inspection of the bladder with aid of the forehead reflector. The mucous membrane is hyperemic. On the anterior wall a swelling the size of a nickel is noted ; it is red, elevated, and hypertrophic contains also two depressions which do not permit the entrance of the sound. On December 2d, 1889, both ureters were easily catheterized. From the left ureter the urine began to flow within two minutes, and in eight minutes eight centimetres could be collected. From the right side, however, after twenty-five minutes, nothing was discharged. Another examination, which was made December 9th, 1889, showed that the right ureter discharged a small quantity of thick urine containing a large number of purulent shreds. Irrigation of the right ureter was ineffective, as no fluid entered or escaped. December 17th, endoscopy with electrical illumination ; status unchanged. The pulmonary tuberculosis continued to progress and the patient was discharged January 13th, 1890, unimproved.

In this manner a large number of endoscopic examinations were made, local treatment applied, ureters catheterized, dilated, irrigated, and disinfected. The method proved itself to be practical and valuable. Prof. Pawlik only wished to obtain a good photograph of the interior of the bladder before publishing his methods. But the outcome was a different one, and this was due to the interference of Prof. Kelly.

Kelly, after he had become acquainted with Pawlik's method, now also began to busy himself with this subject, and published a series of papers in which he gradually appropriated Pawlik's

urethral catheter and also endeavored to represent Pawlik's cystoscopy as his own invention.

It is this which induces me to stand against Kelly and to defend the work of Pawlik as the property of *his* genius.

In June, 1892, Kelly published a paper¹ about the ureteral catheter, describing and illustrating some changes—he terms them improvements—which he has made in Pawlik's instrument. They are as follows:

1. He replaces the long slit of Pawlik's catheter, situated on the concave side of the inner end, by a few perforations countersunk in a little gutter, because in his experience the mucous membrane of the urethra during the introduction of the instrument is frequently caught in the slit and injured.

2. He provides the opposite end of the catheter with a lip curving downward, and also adds a metallic plug attached to the catheter by a fine chain.

3. He substitutes for Pawlik's wooden handle one of metal.

Ad 1. Small openings are no advantage, because they become easily obstructed if the urine is purulent and contains shreds; therefore one large and long fenestrum is more practical. An injury to the urethral mucous membrane during the introduction of the instrument I have never observed in Pawlik's hands and have not experienced in my own work.

Ad 2. The downward curvature of the proximal end existed originally in Pawlik's instrument also, but later it was done away with. The reason for this Pawlik states in his above-named publication in *Langenbeck's Archiv*, "because it is sometimes desirable, while the catheter is in the ureter, to introduce a stylet and test whether the lumen is free or obstructed; in the straight instrument this is very easy. During manipulations a piece of rubber tubing may be slipped over the outer end to convey the urine to a convenient vessel."

Thus there remain of "Kelly's improvements" only the metal handle and plug; in place of the latter Pawlik used, and uses even to-day, the end of a match.

These alterations do not in the least change the conception of the instrument and are of no consequence. They just as little justify Kelly in applying his name to the instrument. No one ever thought of naming the Simpson forceps or Braun

¹ AMERICAN JOURNAL OF OBSTETRICS, vol. xxv.

cranioclast after himself because he substituted metallic for the original wooden handles. But Kelly, after this, speaks only of *his* catheter, and, as he publishes small articles at frequent intervals, it is not unlikely that the inventor's name will be forgotten and *his* instrument be connected only with the name Kelly. In America and England this seems to be the case now.

How unjust this would be is proven by Kelly's own words, when in a later-published article upon the historical evolution of ureteral catheterization¹ he points out that he can claim no originality in this field ("... but I have no claim of originality in this field which deserves to be mentioned with the names above cited"—that is, Simon, Pawlik, Sänger), yet this does not prevent him from speaking later only about *his* ureteral catheter.

Kelly has committed a still greater blunder in connection with Pawlik's cystoscopy, which he describes² as his method and represents as his own invention. He says: "It has been my good fortune to work out a simple method, which exposes the whole inner surface of the bladder and the ureteral surface to a direct inspection without any intervening fenestra or mirror."

The so-called Kelly method of cystoscopy comprises the following manipulations:

The bladder is emptied as completely as possible; next the calibre of the urethra is measured by calibration of the meatus urinarius externus by means of a slender metal cone marked in a graduated scale; after this the urethra is dilated with Hegar's dilators up to twelve to fifteen millimetres. As soon as a dilatation of from twelve to fifteen millimetres is reached a metallic Simon speculum corresponding to the size of the last dilator is introduced, and the hips of the patient are elevated twenty to fifty centimetres above the level of the table. By this elevation of the pelvis the bladder becomes distended with air, and after a proper direction of light by a forehead reflector the whole interior of the bladder is now in view, and the catheterization of the ureters can be performed under the guidance of the eye.

If one compares Kelly's cystoscopy with the above-described

¹ Annals of Gynecology and Pediatry, August, 1893.

² THE AMERICAN JOURNAL OF OBSTETRICS, vol. xxix., No. 1.

endoscopy of the female bladder after Pawlik, it must become evident that they are one and the same method, only Kelly remains yet upon the status of 1888, while Pawlik has advanced and improved his method.

Pawlik, in his paper at the International Congress in Rome, intimated to Prof. Kelly in a considerate manner that he (Kelly) had copied his (Pawlik's) method of ten years ago; yet Kelly did not react, but in July, 1894, he again published¹ further modifications of Pawlik's old cystoscope without even mentioning the name Pawlik. He now uses, like Pawlik, a cylindrical metal speculum, and to facilitate examination he attaches a long handle; the knee-elbow position is also adopted. The source of light is as yet outside the bladder, and consists of light-rays thrown into the bladder by means of the forehead reflector. It is to be hoped that in the course of two or three years he will also discover that incandescent illumination can be brought directly into the bladder, and thus he will continue to further improve *his* cystoscope.

Such actions invite energetic protest, and I do this by stating that:

1. A Kelly urethral catheter does not exist.
2. That the so-called cystoscope of Kelly is entirely the discovery and intellectual property of Prof. Pawlik.

¹ Id., July 1894.

MY WORK ON THE DISEASES OF THE URINARY TRACT IN WOMEN.

BY

HOWARD A. KELLY, M.D.,

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THROUGH the courtesy of the editor of THE AMERICAN JOURNAL OF OBSTETRICS I have just read a communication sent to him for publication and signed by Dr. W. Rubeska, professor in the School of Midwives in Prague, and a former assistant of Prof. C. Pawlik, of Prague, questioning the originality of my work in the diagnosis and treatment of urinary diseases in women. I regret that Prof. Pawlik has not seen fit to take the straightforward course, by making this attack in person, but has preferred to act through an assistant.

The statements contained in the letter are absolutely and unqualifiedly false, without even that grain of truth which sometimes makes it difficult to sift a mass of error so as to present facts in their due proportions. I need not say more than this to my friends who have known me and my work from the first, but for the sake of many readers of this JOURNAL with whom I have no personal acquaintance I consider it important to answer Prof. Pawlik's allegations in detail.

He claims two things:

First, that my new methods of examining and treating the bladder and ureters in women are not original with me, but that I learned them of him; and

Second, that a ureteral catheter known by my name is not mine, but his.

To substantiate these statements he alleges that my methods were shown me by him at Prague in the summer months of 1888 and 1889. A long abstract of cases follows, together with a description of his operation for the extirpation of the bladder, well known in America—matter which adds volume to the article, but has nothing whatever to do with the claims advanced.

My own position relative to the one really important subject

of dispute—the examination of the bladder and the catheterization of the ureters under atmospheric distention—will be made clear:

First, by a statement as to what I actually saw at Prague in the summer of 1888; and

Second, by showing the exact time at which I introduced my new methods of examination and treatment; and

Third, by showing what methods were in use at my clinics in the intervening years.

I left my practice and went to Europe in 1888, chiefly to visit the various German clinics. I was accompanied by Dr. Hunter Robb, now Professor of Gynecology in the Western Reserve University, of Cleveland, Ohio; and by Dr. W. Constantine Goodell, of the University of Pennsylvania, son of the late Prof. William Goodell; and by Dr. William Lincoln, of Philadelphia. In Berlin, through the kindness of Prof. Rudolph Virchow,¹ who had allowed me the same privilege in 1887, I was able, with the help of my friends, to continue my experiments on the bodies brought to the Pathological Institute at the Charité, catheterizing the ureters with Prof. Pawlik's catheters, bought at Schmidt's, in Berlin, and using Prof. Pawlik's method of distending the bladder with water and fishing for the ureteral orifices. Dr. Goodell and I then went to Prague for one day to visit Prof. Pawlik's clinic, where we were courteously received and a normal case used for demonstration. The method employed was that of retracting the posterior vaginal wall and partially distending the bladder with water, when the ureter was catheterized by sweeping the point of the instrument introduced into the bladder and observed on the anterior vaginal wall, down along the ureteral folds until it became engaged in the ureteral orifice. This procedure was the one I had been using for a year and corresponded to Prof. Pawlik's published account,² of which I still have a reprint, presented to me on that occasion with the author's compliments in his own handwriting. *Further than this we saw nothing, nor was any mention made of any other possible mode of catheterization, and nothing was said about examinations of the bladder.*

¹ See New York Medical Journal, December 3d, 1887; also Transactions of the American Gynecological Society, 1888, p. 7.

² "Ueber die Harnleitersondirung beim Weibe," v. Langenbeck's Archiv, Band xxxiii., Heft 3.

As the German language was not acceptable at this clinic, we spoke English the whole time, and Dr. Goodell, who was constantly with me, saw and heard everything I did. Upon receiving from the editor Prof. Pawlik's communication I wrote to Dr. Goodell to ask him what we saw in Prague, and if any method in any way resembling my own was used or spoken of. His reply, which follows, is so clear as to need no comment:

“1418 SPRUCE STREET, PHILADELPHIA,
“December 26th, 1895.

“DEAR HOWARD:—In answer to your letter of December 23d I would say that when we visited Prof. Pawlik in 1888 at his clinic, the only method shown us of catheterizing the ureters was by fishing for them in a bladder partially distended by water, while watching the point of the ureteral catheter as it played over the anterior wall. This only is what I saw, and no mention was made by Prof. Pawlik or by his assistant, Prof. Rubeska, of the method of examining and illuminating the bladder and catheterizing the ureters as published by you.

“Yours very sincerely,
“W. CONSTANTINE GOODELL.”

Although the sole object of our trip to Prague was to see the catheterization of the ureters, Prof. Pawlik now claims that he had known for some years a far simpler and better plan, which he did not show us on this occasion, and which he failed to publish until six years later.¹ So we are asked to believe the extraordinary fact that while he knew an easy way of catheterizing the ureters he went on using and demonstrating a method far inferior and more difficult. His unwillingness to give information about a matter so simple and so vital to medical science is in remarkable contrast to my experience in other European clinics and to my own treatment of visitors who honor me by coming to see my work at the Johns Hopkins Hospital.

In the following year, 1889, I went to Europe for purely social reasons, and on my way to Vienna I stopped one day to visit the city of Prague, and while there went to pay my respects to Prof. Pawlik. He was either ill or absent from the city, and I did not see him, but I left my card, if I remember rightly, with Dr. Rubeska. I had no conversation whatever with any one about cases or medical matters, and saw no case or demonstration of any kind, but hurried back to the hotel and

¹ See *Centralblatt für Gynäkologie*, No. 18, May, 1894.

spent the rest of the day on the Hradschin and in the old town, leaving for Vienna early the following morning.

Upon returning to America in 1888 I continued to catheterize the ureters in the Kensington Hospital for Women at Philadelphia, following the methods used abroad, and gradually acquired enough facility to attract many visitors desirous of learning this addition to our gynecological technique.

Immediately after my return from Europe I attended the meeting of the American Gynecological Society held at Washington September 18th, 19th, 20th, 1888, where I read a paper entitled "Palpation of the Ureters in the Female," describing at length Prof. Pawlik's method of catheterization as I had just seen him practise it. For a detailed account see *Transactions of the American Gynecological Society*, vol. xiii., 1888. I continued to practise and demonstrate this Pawlik method of catheterization for four years, often speaking of it in public.

I discovered, however, very early that the slit in the upper end of the ureteral catheter cut the urethral mucosa, and I set about devising improvements to obviate this difficulty. I replaced the slit by a series of holes, and changed the shape of the end, putting on a fixed metal handle with a guide in place of a movable wooden handle, and supplied the end with a plug and chain.

Since Prof. Pawlik objects to my name being connected with this modified instrument, I may call his attention to the fact that the original ureteral catheter is Simon's after all, and that his own is but a modification of that.¹

He compares the change of the name to changing the name of a pair of obstetrical forceps on account of giving them metal instead of wooden handles. The comparison would be more apt if all the obstetrical forceps in use frequently cut the child's head and some one invented a pair which could not cut; I think he might be fairly entitled to have them called by his name. But, after all, this is a small matter and a dead issue. Prof. Pawlik fails to realize it, because he is not familiar with my methods of inspecting the bladder and catheterizing the ureters—methods which have entirely done away with the utility of these older catheters.

I was first incited to take up the subject of the examination

¹ See G. Simon, "Sondirung des Harnleiters beim Weibe," Samm. Klin. Vorträge, No. 88, Leipzig, 1875, p. 674.

of the bladder in women in the fall of 1892 by my colleague, Prof. William Osler, who had just returned from London much impressed by the excellent work of Mr. Hurry Fenwick. My idea from the very outset was to avoid the more elaborate male cystoscope of Nitze and to use tubes of larger calibre, and my first step was to have a speculum made, about eight millimetres in diameter, with a glass partition set obliquely in the end, as devised by Grünfeld, of Vienna. This instrument was used by distending the bladder with clear water and then introducing the fenestrated speculum and inspecting its walls with a light reflected from a head mirror through the glass partition, which prevented the escape of the fluid. One day the glass partition fell out of one of these specula and it was laid aside; but this broken instrument turned out to be the first speculum through which I examined the bladder distended with air at a later date. Dr. J. G. Clark, resident gynecologist at the Johns Hopkins Hospital for the past three years, recalls all these circumstances with great distinctness, and I have asked him to write out a brief statement of the facts:

Letter from Dr. J. G. Clark, Resident Gynecologist at the Johns Hopkins Hospital.

“BALTIMORE, January 16th, 1896.

“The events leading up to the discovery of Dr. Kelly’s new cystoscopic methods and the postures employed in the examination are deeply impressed upon my mind, as I was at that time one of the anesthetizers on the gynecological staff of the Johns Hopkins Hospital, and to a junior assistant the maintenance of a perfect anesthesia with the patient in the knee-breast or elevated dorsal posture is not an easy task.

“The method of searching with the metal ureteral catheters for the ureteral orifices by free-hand, without the aid of a vesical speculum (Pawlik’s method), was employed by Dr. Kelly up to the early summer of 1893.

“While this procedure was almost invariably successful with him, others who were not so familiar with the landmarks of the ureters or were less skilled in the manipulation of the catheters often failed.

“Prior to May, 1893, Dr. Kelly had tried one or two crude forms of vesical specula without success; these specula had oblique glass partitions in the vesical ends, and were made according to drawings furnished by Dr. Kelly.

“He proposed to irrigate the bladder, distend it with clear water, and introduce the speculum after the method of Grünfeld, and so to inspect the ureteral orifices and walls of the

bladder through the glass partition by means of reflected light. A number of unsuccessful attempts were made with these specula, and they were temporarily given up and the old 'fishing' method continued until April, 1893, when the fenestrated specula were again called into use. One of these specula, both of which we still have (Fig. 1), is in good condition; the other was dropped by an assistant and the glass broken (Fig. 2).

"It occurred to Dr. Kelly, while attempting to simplify or overcome the difficulties of inspecting the bladder, to place the

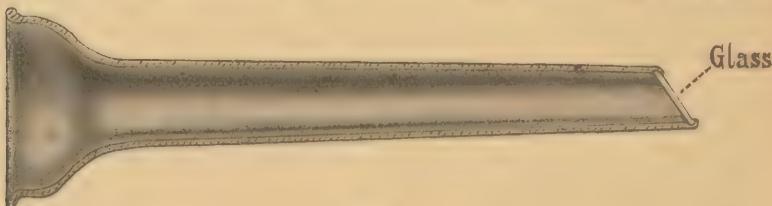


FIG. 1.

patient in the knee-breast posture and try the effects of its distention with water in that position. On placing the patient in this posture it was noticed, as usual, that there was an audible entrance of air into the vagina and that it ballooned out with the atmospheric pressure; the idea suddenly struck Dr. Kelly that the same effect would be produced on the bladder if air was allowed to enter it, and he called for the short speculum from which the glass had fallen out and inserted it into the

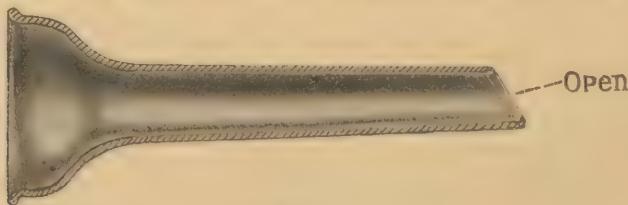


FIG. 2.

urethra. *The bladder at once ballooned out and its walls could easily be inspected, and after some search the ureteral orifice on one side was located and the ureter catheterized under direct inspection for the first time.*

"The elevated dorsal posture was next tried, with the buttocks well raised above the level of the thorax, causing the intestines to gravitate from the pelvis into the abdomen, and the same effect was obtained.

"With the advent of this discovery the Grünfeld fenestrated speculum was at once given up, and an imperfect model of Dr. Kelly's speculum, in use at the present time, was made on the 4th of May, 1893, by F. Arnold & Sons, of Baltimore.

"For six or eight months after this Dr. Kelly employed much of his time in working over and perfecting the details of his new method of cystoscopic examination. The elevated dorsal posture was first employed because he was thoroughly familiar with the ureteral landmarks in this posture, and it was only in the early part of 1894 that the knee-breast posture was systematically adopted as best in the great majority of cases.

"The dorsal posture was open to the objection that, notwithstanding the most thorough catheterization previous to the cystoscopic examination, there was always a small amount of residual urine which gravitated to that part of the bladder where the ureters enter, and thus required the frequent use of the suction apparatus to keep the field clear.

"In Dr. Kelly's clinics given at the Johns Hopkins Hospital before the discovery of his speculum and the elevated and knee-breast posture for the cystoscopic examination, I have frequently seen him demonstrate to the numerous visiting physicians who come to see him catheterize the ureters the older Pawlik method of catheterization, and have repeatedly heard him review the history of this subject, and never in the most remote way did he claim any originality in this method, but always gave full credit to Prof. Pawlik for its discovery.

"In substantiation of this statement I refer to an article written for the *Annals of Gynecology and Pediatry*, May and August, 1893, by Dr. Kelly, in which he reviewed his 'Recent Ureteral Work,' and after briefly referring to the history of catheterization of the ureters, in which he gives full credit to Profs. G. Simon, Pawlik, and Sänger for their great additions to this subject, he speaks of the instruments he has devised and the work he has done, and then says, 'but I have no claims of originality in this field which deserve to be mentioned along with the names above cited.'"
J. G. CLARK."

It was about this time, in the spring of 1893, referred to in Dr. Clark's letter, that I prepared a paper for the purpose of bringing before the profession the importance of a more thorough knowledge of the anatomy and diseases of the ureters in women. My paper was based on numerous dissections, and was illustrated by original drawings and life-size photographs, made from cadavers by my friend Mr. A. S. Murray.

I read it before the Philadelphia Obstetrical Society April 6th, 1893, and published it in the *Annals of Gynecology and Pediatry* in May, 1893, and, at the editor's request, a short account of how to catheterize the ureters followed in the August number.

On the evening of the meeting, April 6th, 1893, Dr. Willy Meyer came on from New York to open the discussion, and

afterward Dr. Meyer and I walked around to the Broad street railroad station together and on the way I explained to him my new idea. As it is important to fix facts, I wrote a few days ago to Dr. Meyer to ask him if he recalled this conversation and what he remembered of it. I received the following reply:

"700 MADISON AVENUE, NEW YORK,
December 28th, 1895.

"DEAR DR. KELLY:—In reply to your favor of the 27th inst., I recall very well indeed the interesting conversation we had in Philadelphia after the meeting of the Obstetrical Society, as we walked down Walnut street on April 6th, 1893. You had read a paper on your ureteral work, and I (by invitation) had had the pleasure of discussing the same. On walking to the station we talked of the probable future development of catheterism of the ureters. I said that I was waiting for a cystoscope according to Nitze's design which would enable us to do this. You mentioned that you had just formed a new idea in connection with catheterism of the ureters and examination of the bladder in women. It was, to distend the bladder with air, with the patient in an elevated recumbent or knee-breast posture, and then, with the help of simple reflected light, to inspect the bladder, and naturally also the fundus of the bladder and the mouths of the ureters, through a straight tube. You thought that by this means, in the female sex at least, we should be able to introduce catheters and bougies into the ureter, under direct guidance of our eyes and in the most simple way.

"We also touched, if I am not mistaken, upon the difference between filling the bladder with a fluid and with air, and were both of the opinion that the latter procedure would be an entirely innocuous interference.

"At this time, to my regret, our conversation was interrupted, as we had arrived at the depot and you took your train.

"That after this conversation I followed the further evolution of your ingenious method with the greatest interest you can well imagine. I have made use of the same in a number of instances, with great success and satisfaction, as you yourself and so many colleagues have since done. In the female I prefer it, on account of its absolute asepticism, even to the newest perfected method of catheterism of the ureters by Casper's ureter-cystoscope; although for a trained cystoscopist the latter is really a splendid instrument, as it permits, even in the male, of a comparatively easy introduction of a catheter into the ureters. I have worked with the same to my greatest satisfaction within the last three months. A brief paper of mine with reference to the latter subject will soon appear in the *New York Medical Journal*. Very sincerely yours,

"WILLY MEYER."

F. Arnold & Sons, of this city, made my first instruments May 4th, 1893, as stated in a letter received from them a few days ago.

I at first used a Simon conical speculum, and had it made in metal with a small handle attached; later I changed this to a simple cylinder (AMERICAN JOURNAL OF OBSTETRICS, January, 1894, page 8) with a large handle (AMERICAN JOURNAL OF OBSTETRICS, July, 1894), the instrument now in use.

Much of the original work I have done will be found by consulting the following publications: "Catheterization of the Ureters," an editorial reference in the New York *Medical Journal*, December, 1887; "Palpation of the Ureters in the Female," *Transactions of the American Gynecological Society*, vol. xiii., 1888, page 50; "Kolpo-ureterotomy," *Johns Hopkins Hospital Reports*, vol. ii., Nos. 3 and 4, 1892; "The Ureteral Catheter," AMERICAN JOURNAL OF OBSTETRICS, June, 1892, vol. xxv.; "My Recent Ureteral Work—Catheterization of the Ureters," *Annals of Gynecology and Pediatry*, May and August, 1893; "Uretero-ureteral Anastomosis—Uretero-ureterostomy," *Johns Hopkins Hospital Bulletin*, October, 1893 (abstract); *ibid. Annals of Surgery*, January, 1894, vol. xix., No. 1; "The Examination of the Female Bladder and the Catheterization of the Ureters under Direct Inspection," *Johns Hopkins Hospital Bulletin*, November, 1893; "The Direct Examination of the Female Bladder with Elevated Pelvis—the Catheterization of the Ureters under Direct Inspection, with and without Elevation of the Pelvis," AMERICAN JOURNAL OF OBSTETRICS, January, 1894; "The Cystoscope," AMERICAN JOURNAL OF OBSTETRICS, July, 1894; "Gonorrhreal Pyelitis and Pyoureter cured by Irrigation—Uretero-cystostomy performed seven weeks after Vaginal Hysterectomy," *Johns Hopkins Hospital Bulletin*, February, 1895; "Diagnosis of Ureteral and Renal Diseases in Women," *Journal American Medical Association*, August 17th, 1895; "The Renal Catheter and its Uses in the Diagnosis and Treatment of Diseases of the Kidney," *American Gynecological and Obstetrical Journal*, June, 1895; AMERICAN JOURNAL OF OBSTETRICS, July, 1895; "Diagnosis of Renal Calculus in Women," *Medical News*, November 30th, 1895.

An examination of these publications will show that my work and researches have accomplished the following positive results: introduction into America of Sänger's method of pal-

pation of the ureters (1886); introduction and successful use of Pawlik's method of catheterizing the ureters (1887); making an artificial uretero-vaginal fistula for the treatment of stricture of the posterior pelvic part of the ureter (January, 1890); removal of a calculus in the ureter through the uretero-vaginal incision (1890); the device of a new way of inspecting the bladder (1893 et seq.); by same device, new method of catheterizing the ureters introduced; the device of a large number of instruments to facilitate the new procedure; demonstrations of various vesical, ureteral, and renal diseases; demonstration of hyperemia of the trigonum and trigonitis as causes of "irritable bladder"; demonstration of the patchy nature of cystitis as the ordinary form of the disease; demonstration of the sources of pyuria; removal of the kidney and the ureter down as far as the pelvic floor (March 30th, 1893); removal of the right kidney in one case, and the left in another, with the entire length of the ureter in both instances (1895); ureterotomy (*Johns Hopkins Hospital Bulletin*, December, 1894, page 137); uretero-ureteral anastomosis after Van Hook's method (1893); uretero-cystostomy (1894); device of a series of flexible ureteral and renal catheters and bougies (1894); diagnosis of obstruction of ureter, by renal catheter (1894); successful treatment of gonorrhreal pyoureter and pyelitis by washing out ureter and kidney (1894); diagnosis of renal calculus by renal catheter (1895); diagnosis of renal calculus by the scratch marks on a polished surface (1895); cure of pyelitis by evacuation and washing out with renal catheters (February, 1895); diagnosis of hydronephrosis by ureteral catheters; diagnosis of strictures of the ureters by ureteral and renal catheters.

I would note in conclusion that, in addition to the burden of irrelevant material in his paper, the internal evidence also conflicts strongly with Prof. Pawlik's claims, for he states:

1. That he kept a simple and important discovery to himself for ten years, in the meantime employing and demonstrating a method far more difficult, time-consuming, and less certain, and for no better purpose than that of taking photographs, a secondary and unessential point.

2. In bringing his idea before the congress in Rome in May, 1894, over a year and a half after the demonstration of my discovery in the public clinics at the Johns Hopkins Hospital and six months after my publication of the same in the *Johns Hopkins Hospital Bulletin*.

kins Hospital Bulletin, November, 1893, he speaks of me as his friend, working out a similar idea in the same line, and makes no such claim as he now advances—a fact fatal to his present position.

Prof. Pawlik cannot expect any fair-minded man to accept his statements when the facts show on their face that he waited more than two years after an important publication of mine before setting up any counter-claims, and that in the meantime he recognized the value of my discoveries.

3. Instead of my simple method, which he must have known from a reprint I sent him, he offered at the Rome congress a cystoscope, size not given, but so large that it is necessary, according to his own account, to *anesthetize* the patient to dilate the urethra for its first introduction, after which the bladder, distended with air, is *examined by an electric light introduced into its interior along with a cooling apparatus*.

4. The very cases cited to establish the point prove the contrary, for in

Case 1, “to diagnose a tumor the urethra was dilated, and the finger introduced into the bladder and a tumor felt!” Afterward the endoscope was used and the tumor seen!

Case 2, “urethra dilated, finger introduced, and bladder palpated!” Afterward it was examined with a speculum!

Case 3, “Dilatation of urethra and inspection with a reflector; both ureters catheterized.” This must have been by the old fishing method, or he would have stated to the contrary.

Later the bladder was “examined endoscopically by an electric light” (Nitze’s method?).

I have no unkind feeling toward either Prof. Pawlik or Prof. Rubeska, and I sincerely regret that they have placed me in an attitude of defence. I consider it important, however, in the interest of every scientific investigator, to put this matter in its true light before the public by stating precisely what the facts are.

